

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212549162			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LAURA B TERRY UVA DARDEN SCHOOL FOUNDATION 100 DARDEN BLVD CHARLOTTESVILLE, VA 22903</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALBEMARLE COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: 00659268</p> <p>5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </p> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 7263</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NORWOOD (TRIP) H. DAVIS III TITLE: PRESIDENT/SEC ADDRESS: PO BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NORWOOD (TRIP) H. DAVIS III TITLE: PRESIDENT/SEC ADDRESS: PO BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LAURA B. TERRY TITLE: TREASURER/CFO ADDRESS: PO BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-7263 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LAURA B. TERRY TITLE: TREASURER/CFO ADDRESS: PO BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-7263	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: LAURA B. TERRY TITLE: TREASURER/CFO ADDRESS: PO BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-7263	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PHILIP W. KNISELY TITLE: CHAIRMAN ADDRESS: PO BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-7263 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PHILIP W. KNISELY TITLE: CHAIRMAN ADDRESS: PO BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-7263	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP W. KNISELY TITLE: CHAIRMAN ADDRESS: PO BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-7263	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: W. CARTER HOERR TITLE: EXEC. DIRECTOR ADDRESS: P.O. Box 7263 CITY/ST/ZIP/CO: Charlottesville, VA 22906 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: W. CARTER HOERR TITLE: EXEC. DIRECTOR ADDRESS: P.O. Box 7263 CITY/ST/ZIP/CO: Charlottesville, VA 22906	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: W. CARTER HOERR TITLE: EXEC. DIRECTOR ADDRESS: P.O. Box 7263 CITY/ST/ZIP/CO: Charlottesville, VA 22906	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL J. WOODFOLK TITLE: EXEC. DIRECTOR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL J. WOODFOLK TITLE: EXEC. DIRECTOR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ERIKA H. JAMES TITLE: EXEC. DIRECTOR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ERIKA H. JAMES TITLE: EXEC. DIRECTOR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: ERIKA H. JAMES TITLE: EXEC. DIRECTOR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			

NAME:	LOCKE W. OGENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC. DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	THOMAS J. BALTIMORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	VIDYANIDHI DALMIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	KENNETH M. EADES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	LOUIS G. ELSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	JOHN M. FARRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	DONALD W. GOODMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	EDWIN B. HOOPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	WILLIAM I. HUYETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	LEMUEL E. LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	LUANN J. LYNCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		

NAME:	MARSHALL N. MORTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	MICHAEL O	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	SCOTT A. PRICE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	GARY ROUGHEAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	FRANK M. SANDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	BRYAN H. SIMMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	JOHN R. STRANGFELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	GEORGE S. TAHIJA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	WILLIAM P. UTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	THOMAS R. WATJEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	ROGER L. WERNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		

NAME:	VANESSA A. WITTMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	JOHN G. MACFARLANE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	LYONS BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	MICHAEL A. DECOLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	JAMES A. COOPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	MARTINA T. HUND-MEJEAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	HENRY F. SKELSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	CAROLYN S. MILES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	ROBERT J. HUGIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	JAMES SU-TING CHENG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	G. DAVID CHEEK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH K. WEYMOUTH DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY T. REIN DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN K. EDWARDS DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEWIS F. PAYNE DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D. FOWLER DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD M. PASCHAL DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT F. BRUNER DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN D. SIMON DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER MCENERY FINN DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERESA A. SULLIVAN DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LAURA B. TERRY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAURA B. TERRY, TREASURER/CFO PRINTED NAME AND CORPORATE TITLE	12/20/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			